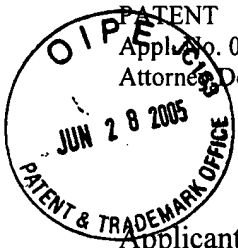


06-30-05

AF /  
ZHU



PATENT  
App. No. 09/388,781  
Attorney Docket No. 450127-02160

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Masayuki CHATANI et al.  
Appl. No. : 09/388,781  
Filed : September 2, 1999  
For : DATA TRANSMITTING AND RECEIVING SYSTEM, DATA  
RECEIVING APPARATUS, AND DATA TRANSMITTING  
APPARATUS  
  
Art Unit : 2616  
Examiner : TRAN, Thai Q.

745 Fifth Avenue  
New York, New York 10151

**EXPRESS MAIL**

Mailing Label Number: ED 108768088 US

Date of Deposit: June 28, 2005

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

**AMENDMENT UNDER RULE 116**

Mail Stop AF  
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of March 9, 2005, please amend the above-  
identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2.

**Remarks/Arguments** begin on page 7.



PATENT  
450127-02160

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masayuki CHATANI et al.  
Serial No. : 09/388,781  
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AND DATA TRANSMITTING APPARATUS  
Filed : September 2, 1999  
Examiner : TRAN, Thai Q.  
Art Unit : 2616

MAIL STOP AF  
COMMISSIONER FOR PATENTS  
Alexandria, VA 22313-1450  
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	16	Minus	20 =	0 ×	\$50(25)	= \$0
Independent claims	4	Minus	4 =	0 ×	\$200(100)	= \$0
			Total additional fee for this amendment			= \$0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$ 120.00 is attached, which covers the cost of  
☐ additional claims and ☒ 1-month petition for extension of time.
- ☐ Charge \$ \_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG, LLP  
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By: William S. Frommer  
Reg. No. 25,506  
Tel. (212) 588-0800

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